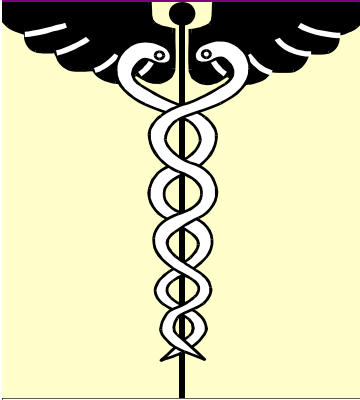


Volume 8, Issue 4

October 2004

December 2004

West Virginia Board of Medicine Quarterly Newsletter



BOARD MEMBER PROFILE

Angelo N. Georges, M.D. President

Angelo N. Georges, M.D., was appointed to the Board of Medicine by then Governor Cecil Underwood in 1998 and reappointed to the Board by Governor Wise in 2004.

Dr. Georges graduated with high honors from Youngstown State University in 1980, and obtained his medical degree from Ohio State University. In 1988 he completed his Internal Medicine Residency in Pittsburgh, Pennsylvania at Western Pennsylvania Hospital. He has had an active Internal Medicine practice in Wheeling, West Virginia since 1988, and enjoys medical staff privileges at Wheeling Hospital and Ohio Valley Medical Center. He is a member of the teaching faculty for the Internal Medicine Residency Program at Ohio Valley Medical Center and is Associate Medical Director at Wheeling Hospital, where he serves as the sole preceptor of the Internal Medicine Program for Family Practice Residents. He has been the Chairman of the Department of Internal Medicine at Wheeling Hospital from 2002 to the present and now is Vice President of the Wheeling Hospital Medical Staff.

An active member of the American Medical Society of Internal Medicine and of the Ohio County Medical Society of Wheeling, Dr. Georges is as well a member of the West Virginia State Medical Association and of the Order of Hippocrates, Ohio State University. He currently serves on the Medical Advisory Committee of the Upper Ohio Valley Health Plan, a Health Maintenance Organization.

Dr. Georges received the American Academy of Family Physicians Award for participation as an active teacher in Family Practice in 1993 and was selected by his colleagues as one of the top Internal Medicine physicians in the Tri-State area in 1996.

He is very involved in numerous community organizations and charities in Wheeling, where he lives.

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PHYSICIAN ASSISTANT RENEWALS 2005

In mid-February 2005, licensure renewal applications will be mailed certified to all physician assistants. Renewal applications will be mailed to the address of record on file at the Board office. The address of record is the address designated by each physician assistant as his or her preferred mailing address. It is the responsibility of the licensee to keep this office apprised of any address change. In the event of a change of address, the licensee must notify the Board of the change, in writing.

For a physician assistant license to remain valid and in force, the fully completed renewal application and fee must be RECEIVED in the Board office BEFORE Thursday, March 31, 2005, at 5:00 p.m. The physician assistant's license will be suspended if the required continuing medical education has not been obtained (see related article on Page 3).

In order to avoid automatic suspension of a physician assistant license, a physician assistant must either complete the six-page renewal application to renew the license or the one-page certification included in the renewal packet to lapse/expire the license. This information must be completed and RECEIVED in the Board office BEFORE Thursday, March 31, 2005, at 5:00 p.m.

If a licensee does not receive a renewal application, it is his or her responsibility to inform the Board and to request a duplicate. Illegible and incomplete applications, as well as those received without the fee, will be returned. The Board will be unable to finalize the processing of any application that is not complete. Completion of the renewal application is the responsibility of the licensee.

Renewal applications for this year have been revised to simplify the renewal process. Every application will be computer-generated to include personalized information previously reported by the physician assistant. However, each licensee will need to review this information to ensure that it remains accurate. The Board anticipates that this new method of renewal will reduce the time necessary for the physician assistant to complete the application.

West Virginia Board of Medicine Board Members

Angelo N. Georges, M.D., President
Wheeling

Carmen R. Rexrode, M.D., Vice President
Moorefield

Catherine Slep, M.D., M.P.H., Secretary
Charleston

R. Curtis Arnold, D.P.M.
South Charleston

Rev. Richard Bowyer
Fairmont

Ms. Doris M. Griffin
Martinsburg

M. Khalid Hasan, M.D.
Beckley

J. David Lynch, Jr., M.D.
Morgantown

Vettivelu Maheswaran, M.D.
Charles Town

Leonard Simmons, D.P.M.
Fairmont

Lee Elliott Smith, M.D.
Princeton

John A. Wade, Jr., M.D.
Point Pleasant

Badshah J. Wazir, M.D.
South Charleston

CONTINUING EDUCATION FOR PHYSICIAN ASSISTANTS

Pursuant to 11 CSR 1B 15, in order to acquire continuing education satisfactory to the Board, a physician assistant shall provide written documentation of participation in and successful completion during the preceding two (2) year period of a minimum of fifty (50) hours of continuing education designated as Category I by either the American Medical Association, American Academy of Physician Assistants or the Academy of Family Physicians, **AND** fifty (50) hours of continuing education designated as Category II by the association or either academy, which one-hundred (100) hours must include two (2) hours of continuing education coursework in the subject of end-of-life care including pain management, as described in West Virginia Code §30-1-7a. The written documentation may consist of a current NCCPA certificate, plus documentation of the two (2) hours of end-of-life care including pain management.

For those individuals who are not NCCPA certified, written documentation shall consist of original certificates from the entities named above, evidencing participation in and successful completion of the Category I fifty (50) hours and the Category II fifty (50) hours both as described above, which one-hundred (100) hours must include two (2) hours of continuing education coursework in the subject of end-of-life care including pain management, as described in West Virginia Code §30-1-7a.

There are no other types or categories of continuing education for physician assistants satisfactory to the Board.

Ext #	Staff of the West Virginia Board of Medicine (304) 558-2921	
227	Ronald D. Walton, M.A.	Executive Director
214	Deborah Lewis Rodecker, J.D.	Counsel
215	Stephen D. Greer, II, J.D.	Prosecuting Attorney
212	M. Ellen Briggs	Administrative Assistant to the Executive Director
222	Leslie A. Higginbotham	Paralegal/Investigator
210	Charlotte A. Jewell	Receptionist/Physician Assistant Coordinator
216	Michael R. Lilly	Information Systems Coordinator
221	Crystal Lowe	Licensure Analyst
211	Janie Pote	Administrative Assistant to Legal Department
224	Pennie Price	Verification Coordinator
220	Deb Scott	Fiscal Officer
213	Sheree Smith	Complaints Coordinator

**BOARD ACTIONS**

BOSACK, DOUGLAS P., M.D. – Fairlea, WV (12/10/04)

WV License No. 21789

Board Conclusion: Relating to the issue of being able to practice medicine with reasonable skill and safety due to excessive use of alcohol.

Board Action: Dr. Bosack, having met the requirements for medical licensure in the State of West Virginia, was granted licensure, effective December 15, 2004, subject to conditions, accommodations, and limitations. Dr. Bosack's license was immediately REVOKED, and said revocation was immediately STAYED, and Dr. Bosack is placed on PROBATION for a period of three (3) years.

CHOBY, SUSANNE, M.D. – Morgantown, WV (11/23/04)

WV License No. 21788

Board Conclusion: Relating to the inability to practice medicine and surgery with reasonable skill and safety due to abuse of alcohol.

Board Action: Dr. Choby, having met the requirements for medical licensure in the State of West Virginia, was licensed to practice medicine and surgery in the State of West Virginia, effective December 1, 2004, subject to limitations, restrictions, and accommodations for a period of two (2) years.

ERVIN, CHRISTOPHER, M.D. – Washington, DC (09/14/04)

WV License No. 20142

Board Conclusion: Relating to false statements in connection with an application for a medical license; failing to perform a legal obligation; and unprofessional, unethical conduct.

Board Action: PUBLICLY REPRIMANDED for completing the license renewal application as he did when he knew or should have known that the representation made by him regarding arrearage amounts in child support equaled or exceeded the amount of court ordered child support payable for six months.

HEFTER, STEVEN BRUCE, M.D. – Birmingham, AL (11/08/04)

WV License No. 15620

Board Conclusion: Relating to failure to keep written records justifying the course of treatment; unprofessional, unethical, and dishonorable conduct; making a deceptive, untrue representation in the practice of medicine and surgery; failing to practice medicine with that level of care, skill, and treatment which is recognized by a reasonable, prudent physician engaged in the same or similar specialty as being acceptable under similar conditions and circumstances; unqualified to practice medicine in the State of West Virginia.

Board Action: License REVOKED effective November 15, 2004, and assessed the costs of the proceedings including, but not limited to, attorney fees, hearing officer fees, photocopies and other clerical expenses and Board staff costs.

SMITH, JENNIFER MARIE KEILP, M.D. – Charleston, WV (10/06/04)

WV License No. 21510

Board Conclusion: Relating to the inability to practice medicine and surgery with reasonable skill and safety due to abuse of alcohol.

Board Action: License subject to limitations, restrictions, and accommodations for a period of eighteen (18) months.

SNYDER, CHARLES WILLIAM, M.D. – Granville, OH (11/22/04)

WV License No. 19336

Board Conclusion: Relating to unprofessional conduct.

Board Action: PUBLICLY REPRIMANDED for failing to make an accurate report of his continuing medical education to the Board in 2001; shall pay to the Board a fine of \$100 per credit hour of his CME deficiency.

LICENSURE DENIAL

GOEL, MAHESH, M.D. – Cleveland, OH (12/15/04)

Board Conclusion: Relating to presenting false, fraudulent statements and misrepresentations in connection with his licensure application; unprofessional, unethical, and dishonorable conduct; having a license to practice medicine disciplined in another jurisdiction; professional incompetence, and failing to practice medicine with that level of care, skill, and treatment which is recognized by a reasonable, prudent physician engaged in the same or similar specialty as being acceptable under similar conditions or circumstances.

Board Action: Licensure denial CONFIRMED effective September 27, 2004.

END-OF-LIFE CONTINUING EDUCATION COURSEWORK

Starting with the reporting period beginning July 1, 2005, the two (2) hour end-of-life continuing education requirement every two (2) years becomes a one (1) time only requirement. Those renewing licenses in 2005 will need to show two (2) hours of the end-of-life coursework between 2003 and 2005. Those renewing in 2006 and after will only need to have completed the two (2) hour coursework since the requirement became effective in 2001.

*****REMINDER*****

All physicians holding West Virginia medical licenses are bound by the AMA Code of Medical Ethics. The AMA Code of Medical Ethics includes an Opinion on Gifts to Physicians from Industry, number E-8.061.

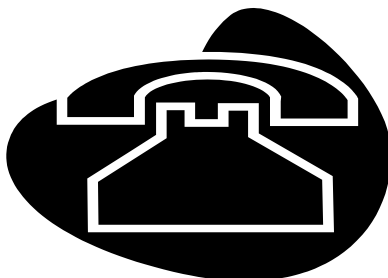
The Opinion states that subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging or other personal expenses of physicians attending meetings. Subsidies for hospitality should not be accepted other than modest meals or social events held as part of a conference or meeting. The Opinion states that no gifts should be accepted if there are strings attached. The entire Opinion is available at www.ama-assn.org, as are all the AMA Code of Medical Ethics Opinions.

NEW BOARD EMPLOYEE

Michael Lilly has joined the Board staff as the Board's Information Systems Coordinator. Michael previously was employed by the West Virginia State Treasurer's Office. The Board is pleased to welcome Michael to the Board's staff.

TOLL FREE NUMBER: CONSUMER COMPLAINTS

The Board has a toll-free number for callers within West Virginia who have consumer complaints against an M.D., D.P.M., or P.A.-C. The toll free number is 1-877-867-6411. For all matters other than consumer complaints, the Board's main number, 304-558-2921, must be used.



CHANGE OF ADDRESS FORM

WV License No: _____

Date of Change: _____

Name of Licensee: _____

PLEASE CHECK ONLY ONE PREFERRED MAILING ADDRESS:

(The preferred mailing address is the licensee's address of record, which is public information.)

(Note that telephone numbers are not considered public information.)

() Principal Office or Work Location *ONLY CHECK ONE* () Home Address

Telephone: _____

Telephone: _____

Signature: _____

Date: _____

Original Signature of Licensee is Required



Mail completed form(s) to:

West Virginia Board of Medicine
101 Dee Drive, Suite 103 • Charleston, WV 25311

Fax copies not accepted.

By law, you must keep this office apprised of any and all address changes.

AMA UNDERSTANDS NEED FOR DISASTER PREPAREDNESS

By John C. Nelson, MD, MPH

(reprinted from **American Medical News**, September 20, 2004, Volume 47, No. 35, p. 18, Copyrighted © 2004, with permission from the American Medical Association. All rights reserved.)

A message to all physicians from AMA President John C. Nelson, MD, MPH.

Last month, I pointed out some of the many reasons I am proud to be an AMA member. That pride extends to the prompt, effective response AMA has shown through the years to a broad range of public health emergencies.

Right now, that tradition is being expanded by AMA's leadership in dealing with disasters -- man-made or natural. I vividly remember how the need for preparedness was brought home to me.

The day after the terrorist attacks on the World Trade Center, two trains collided not far from my hometown of Salt Lake City.

An Amtrak passenger train collided with a freight train near Wendover, Utah, 120 miles due west of Salt Lake City.

Emergency vehicles and personnel drove pell-mell to the scene in fear of great loss of life. Twenty-five people were hurt; three of them were airlifted to Salt Lake City hospitals with minor injuries.

Meanwhile, the city of Salt Lake was stripped of the great bulk of its emergency response assets.

The random, uncoordinated, confused, haphazard response demonstrated beyond a shadow of a doubt the need for better preparation.

The Wendover episode reminded me of a similar uncoordinated response to one of Salt Lake City's few-and-far-between tornadoes. In the aftermath of the storm, I looked out my window at LDS Hospital in Salt Lake City to see literally dozens of medical personnel milling around outside.

Everyone was there to help; no one was in charge. Not a soul had an idea what to do next.

All they knew was that they meant well and meant to do well. The problem is, "What do I do?"

The problem is a public health challenge of enormous proportions. Whether it's bioterrorism, hurricanes, radiological/biological attacks, tornadoes, nuclear mishap, massive flooding or any other traumatic, explosive event, we all need to be prepared to act effectively.

That's why the U.S. Dept. of Homeland Security awarded the AMA a \$1 million grant last month. The grant will help AMA develop and distribute a life support training program, Core Disaster Life Support.

AMA UNDERSTANDS

NEED FOR DISASTER PREPAREDNESS

continued

In talking with James J. James, MD, DrPH, MHA, who heads the AMA's Center for Disaster Preparedness and Emergency Response, I learned the importance of placing the new field of disaster medicine in a public health context. He said, "The public health approach should improve physician effectiveness, leadership and service to patients in an integrated system."

Matt Mayer, chief of staff of the department's Office of State and Local Government Coordination and Preparedness, noted that the DHS grant would fund an Internet-based course to better prepare professionals.

Whether it's a train wreck or a tornado, a man-made or a natural disaster, a nuclear or radiological weapon attack or a biological event, physicians need to play their role in a coordinated, effective way.

The AMA National Disaster Life Support program is a three-pronged training program to both educate and standardize emergency response training nationwide and strengthen our nation's public health system in the process.

The three-course integrated program curriculum gives physicians, health care workers and first responders the comprehensive training they need to ensure a uniform and efficient response to emergencies involving mass casualties from unforeseeable events.

It is a big step toward uniform, standardized procedures to get the right skills in the right places at the right time -- no matter what the disaster is.

Already, about 3,000 physicians, health care workers and first responders have taken one or another of the three modules in the package.

The DHS grant will underwrite a Web-based Core Disaster Life Support course available around the clock.

CDLS provides an introduction to preparing for all hazards, including an overview of natural and man-made disasters, and introduces participants to basic concepts and terms reinforced in the other two courses.

The second course, Basic Disaster Life Support, adds critical information on the health care professional's role in the public health system and includes information on incident management systems, community mental health and special needs of vulnerable populations.

The third component, Advanced Disaster Life Support, is designed for individuals who already have completed the basic course. It's an intensive course that covers mass casualty decontamination, use of personal protective equipment, essential skills, and mass casualty incident information systems and technology applications. ADLS simulates all-hazards scenarios, interactive sessions and drills with both high-fidelity mannequins and volunteer patients -- giving a true-to-life experience in practical treatment and response.

AMA UNDERSTANDS **NEED FOR DISASTER PREPAREDNESS** **continued**

A key component of the training is a clinical component that does not duplicate existing knowledge, but augments that knowledge with public health system components -- most notably surveillance, reporting and incident management.

Many disasters -- whether natural or man-made -- can involve infectious disease, trauma, chemical burns and a host of clinical situations.

The AMA program accounts for these. It is a cooperative venture involving the Medical College of Georgia, the University of Georgia, the University of Texas Southwestern Medical Center at Dallas and the University of Texas at Houston School of Public Health.

Some of the best minds in the AMA and academia, working closely with the Centers for Disease Control and Prevention, have produced a first-class training module.

Physician preparation is the key in disaster life support preparedness. Effective integration of emergency medical services, hospital, nursing, police, fire and public health officials is the goal. The AMA is taking the lead in providing the training needed to make that happen.

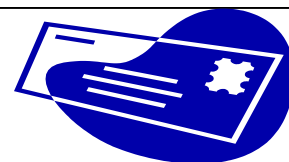
I urge you to contact Dr. James directly if you have questions about the new program. You can reach him either at 312-464-5719 or by email (james_james@ama-assn.org).

His Center for Disaster Preparedness and Emergency Response is leading the way.

This is just one more reason why I am proud to be a member of the American Medical Association.

Dr. Nelson is an obstetrician-gynecologist from Salt Lake City.

ADDRESS OF A LICENSEE **IS PUBLIC INFORMATION**



West Virginia Legislative Rule 11 CSR 1A 10.2(a) requires the West Virginia Board of Medicine to provide, upon written or verbal request, an address of a medical doctor, podiatrist, or physician assistant. Recently, all information pertaining to licensed medical doctors, podiatrists, and physician assistants became available to the public by access to the Board of Medicine's Internet Website. With the release of this information, it has highlighted the need for licensees to carefully consider the address provided to the Board as the preferred address of record. Please be aware that the address the licensee indicates as his or her preferred address of record will be the address disclosed to all individuals making inquiries and will be utilized to mail all licenses, renewal applications, and other official correspondence from the West Virginia Board of Medicine. Licensees have the option to choose their home address or their principal office address as their preferred address of record. It is the responsibility of the licensee to inform the Board of the licensee's correct address and of any change of address. For the licensee's convenience, this NEWSLETTER contains a change of address form located on page 6.

**WEST VIRGINIA
BOARD OF MEDICINE
2005 MEETINGS**

**January 10
March 14
May 9
July 11
September 12
November 14**

ALL BOARD MEETINGS BEGIN AT 9:00 A.M.

WV Board of Medicine



101 Dee Drive, Suite 103
Charleston, WV 25311

Phone: 304-558-2921
Fax: 304-558-2084

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Watch for updates and changes.**